		egistration District No.	-d-14 f	Primary Registration	District No 364	Registrar's No.	-/		
- '	1.	PLACE OF DEATH	odaway			2. USUAL RESIDEN	ICE (Where deceased b. COUNTY	lived. If institution:	Residence be admission)
1	b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b					c. CITY OR		Moderay	Inside Limi
ı			ryville		3 hrs		kidmore		Yes ₽ No
1			NOT in hospital, give	location)	Inside Limits	d. STREET ADDRESS		e, give location)	Reside on F
1.					Yes No 🗆	ADDRESS			Yes No
1	3.	. NAME OF DECEASED) First	· ·	Middle	Last		Month Day	Year
ı		(1) po or print)	ROLAND	SPHAR	BODLE		OF DEATH	9 23,1	960
1	5.	. SEX	6. COLOR OR RACI		Never Married		9. AGE (last birthda		
I.		male	cau	Widowed		19.25.191			Hours
	10a	USUAL OCCUPATION during most of working	l (Give kind of work de ing life, even if retired)		BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (City and state or countr	y) 12. CITIZEN OF	WHAT COUN
Ι.	_F	Filling St	operator	Filli	ng Station	ı Skidmor	e Mo.	USA	
ı	13a	. FATHER'S NAME		13b. M	NOTHER'S MAIDEN NAM	ΛE	14. NAME C	F HUSBAND OR WIFE	
1.		John B. WAS DECEASED EVER	odle	L	eta Pruiti		Dorot	hy Bodle	
	15.	. WAS DECEASED EVER	R IN U.S. ARMED FORCE			17. INFORMANT		Address	
1.	(10	_		1230	-07 - 2206	Mrs Doro	thy Bodle	Skidmore	.Mo.
: []	\top	18. CAUSE OF DEATH	(Enter only one cause DEATH WAS CAUSED	per line for (a), (b),	, and (c).		2	4 E	NET AND DE
	I I I I I I I I I I I I I I I I I I I								
			IMMEDIATE CAUS	(F (n) (_ _O _	ne source	raporal	200/ A 100	uloria.	3.Kou
3			IMMEDIATE CAUS	SE (a)	rebro	rascul	ar/ Kros	moorio c	3 Kou
₹		Candisin		18-0	rebro	rascul	Vera	nous .	3.Kou -Zeo
	ļ	which g	ons, if any, DUE 1	18-0	rebro	enia	Vera	· Co	3 Kou VZZ
3	į į	which g above stating	ons, if any, DUE 1 gave rise to cause (a), the under-	io (b) Gal	yenth	enia	Vera	· Co	3. Kou - Zeg
	_	which g above stating lying c	ons, if any, pave rise to cause (a), the undercause (ast.)	10 (b) Col	rebro	enia	Vera	· Co	Zyp Zyp
	NOI	which g above stating lying c	ons, if any, pave rise to cause (a), the undercause (ast.)	TO (c)	ontributing to DEA	In but not related to	Vera the terminal PAI	RT Hi. If deceased there a pregne	Skou Tryp
10110	CATION	which g above stating lying c	ons, if any, pave rise to cause (a), the under-cause last. DUE 1	TO (c)	ONTRIBUTING TO DEA	IH but not related to	the terminal PAG		was female
10110	TIFICATION	which g ebove stating lying c PART II	ons, if any, pave rise to cause (a), the under-cause last. DUE 1	TO (c)	rion	•	the terminal PAI	there a pregna	was female incy in last 90
	CERTIF	which go above stating lying c PART II	ons, if any, pave rise to cause (a), the under-cause last. DUE 1	TO (c) IT CONDITIONS COVER IN PART (%)	rion	•		there a pregna	was female incy in last 90
	CERTIF	which g above stating lying c PART II 19. WAS AUTOPSY PERFORMED? YES NO	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1. I. OTHER SIGNIFICAN disease ondition gives the cause (ast.) SUI 20a. ACCIDEN SUI	TO (b) TO (c) IT CONDITIONS CO Ven in PART (b) ICIDE HOMICIDE	rion	•		there a pregna	was female incy in last 90
	CERTIF	which go ebove stating lying c PART II 19. WAS AUTOPSY PERFORMED? YES NO D 20. TIME OF Hour INJURY a.m.	ons, if any, pave rise to cause (a), the under-cause last. DUE 1 OTHER SIGNIFICAN disease condition give the give the condition give the conditio	TO (b) TO (c) IT CONDITIONS CO Ven in PART (b) ICIDE HOMICIDE	rion	•		there a pregna	was female incy in last 90
10110	CERTIF	PART II 19. WAS AUTOPSY PERFORMED? YES NO	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1 1. OTHER SIGNIFICAN disease condition give the cause (ast.) Suit (ast.) 20a. ACCIDENT SUIT (ast.)	TO (c)	20b. DESCRIBE HC	•	. (Enter nature of injury	there a pregna	was female incy in last 90 No Unit of item 18.)
	CERTIF	which go above starting lying c PART II 19. WAS AUTOPSY PERFORMED? YES NO D 20. TIME OF Hour INJURY OCCURR WHILE AT WORK	ons, if any, pave rise to cause (a), the under-cause last. DUE 1 OTHER SIGNIFICAN disease condition give 20a. ACCIDEN SUI	TO (c)	20b. DESCRIBE HO	POURTED OCCURRED	. (Enter nature of injury	there a pregna	was female incy in lest 90 No Un Un Un I of item 18.)
	CERTIF	PART II 19. WAS AUTOPSY PERFORMED? YES NO	ons, if any, pave rise to cause (a), the under-cause last. DUE 1 OTHER SIGNIFICAN disease condition give 20a. ACCIDEN SUI	TO (c)	20b. DESCRIBE HO	OW INJURY OCCURRED	. (Enter nature of injury	there a pregna	was female incy in last 90 No Unit of item 18.)
	CERTIF	which go above starting lying c PART II 19. WAS AUTOPSY PERFORMED? YES NO D 20. TIME OF Hour INJURY OCCURR WHILE AT WORK	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1 DUE 1 DUE 1 DUE 2 DUE 2 A COLUMN SUM A COLUMN SUM Month, Day, Year DUE 3 20a. ACCIDEN SUM ACCIDEN	TO (c)	20b. DESCRIBE HO	OW INJURY OCCURRED	. (Enter nature of injury	there a pregna	was female incy in last 90 No Unit of item 18.)
	CERTIF	which go ebove stating lying compared to the stating lying lying lying compared to the stating lying l	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1 20a. ACCIDIN SU Month, Day, Year Month, Day, Year ED 20e. PL (WORK 20e. PL	TO (c)	20b. DESCRIBE HO	20f. CITY, TOWN, OR	. (Enter nature of injury	there a pregna representation of the pregnant	was female uncy in last 90 No Unit of item 18.)
	CERTIF	19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF INJURY OCCURE. WHILE AT WORK NOT WHILE WORK NOT WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WORK NO	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1 OTHER SIGNIFICAN disease condition give received from the cause (ast.) 20a. ACCIDENT SUI Month, Day, Year 20e. PL	TO (c) IT CONDITIONS COVER IN PART (A) ICIDE HOMICIDE ACE OF INJURY (e.g. rm, factory, street, o	20b. DESCRIBE HO	20f. CITY, TOWN, OR	LOCATION	there a pregna representation of the pregnant	was female may in lest 90 No Unit of item 18.) STA
	CERTIF	which go ebove stating lying compared to the part of t	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1 OTHER SIGNIFICAN disease condition give received from the cause (ast.) 20a. ACCIDENT SUI Month, Day, Year 20e. PL	TO (c)	20b. DESCRIBE HO	20f. CITY, TOWN, OR	LOCATION	there a pregna representation of the pregnant	was female uncy in last 90 No Unit of item 18.)
Total Control of the	MEDICAL CERTIF	which go above stating lying control of the part of th	ons, if any, pave rise to cause (a), the under-cause last. DUE 1 OTHER SIGNIFICAN disease condition give record of the cause last. DUE 20a. ACCIDED SUI CONTRACT CON	TO (c) TO (c) IT CONDITIONS COVER IN PART (Pa) ICIDE HOMICIDE ACE OF INJURY (e.grm, factory, street, or title)	20b. DESCRIBE HO	20f. CITY, TOWN, OR 2 3 - C 0 and and date stated above, a	LOCATION I last saw him alive on and to the best of my k	COUNTY COUNTY COUNTY	was female incy in last 90 No Unit Unit I of item 18.)
Total Control of the	MEDICAL CERTIF	19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF INJURY OCCURE. WHILE AT WORK NOT WHILE WORK NOT WORK NOT WHILE WORK NOT WHILE WORK NOT WHILE WORK NOT WORK NO	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1 DUE 1 DUE 1 DUE 1 ZOA. ACCIDENT SUITA	TO (b) TO (c) IT CONDITIONS COVER IN PART (b) ICIDE HOMICIDE ACE OF INJURY (e.g. rm, factory, street, or title) (Degree or title)	20b. DESCRIBE HO	20f. CITY, TOWN, OR 2 3 - C 0 and and date stated above, a	LOCATION I last saw him alive on and to the best of my k	COUNTY COUNTY County County County County County County	was female incy in last 90 No Unit Unit I of item 18.)
	WEDICAL CERTIF	which go above stating lying control of the part of th	ons, if any, pave rise to cause (a), the under-cause (ast.) DUE 1 DUE	TO (b) TO (c) IT CONDITIONS COVER IN PART (b) ICIDE HOMICIDE ACE OF INJURY (e.g. rm, factory, street, or title) (Degree or title)	20b. DESCRIBE HO	20f. CITY, TOWN, OR 2 3 - C 0 and and date stated above, a	LOCATION I last saw him alive on and to the best of my k Skidmore	COUNTY COUNTY COUNTY	was female may in lest 90 No Unit of item 18.) STA

0961 7 100

STATEMENT BY LICENSED EMBALME

or by	errity that the body whose name is	recorded on the reverse side of this certificate was embained by
	personal supervision.	Signed S. M. Alekus
Studeni	Signature of Student Embalmer	
* *		Licensed Embalmer No. 337

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING Failure to constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.